

2027 Annual Enrollment Guide

intel.

Annual Enrollment
Oct. 5 - 18, 2026



Stay Connected with your Intel Benefits

Receive important updates via text

Don't miss out on important enrollment updates, benefit changes or crucial dates. Opt-in to text messages to stay updated on your Intel benefits. How to sign up:

1. Access **My Health Benefits** when logged in through the VPN or intel.com/go/myben when outside the VPN. First-time users logging in outside of the VPN will need to register using the Company Key.
2. On the home page, click on **Profile**. Scroll down to the **Personal Preferences** section.
3. Click **Edit** next to **Contact Preferences**, add your cell phone number and check the **Accept SMS Terms and Conditions** box. Then click **Save**.

New phone number? Be sure to update your contact information in [Workday](#).

Navigating Annual Enrollment

[Navigating
Annual Enrollment](#)

[What's New &
Changing](#)

[HSA
Contributions](#)

[Health Plan Options and
Annual Paycheck Deductions](#)

[Have a
Question?](#)

This guide outlines your healthcare, life and voluntary benefits for 2027, helping you understand and explore available options to make informed decisions.

Explore Your Benefits

- Review What's New and Changing on [page 3](#) and [page 4](#).
- Explore in-depth benefit information to support you during Annual Enrollment in the [Benefits Education Modules](#).
- To understand the available options to support you and your family, compare the available health, dental, and vision plans by location on the following pages:
 - Arizona [see pages 6 - 7](#)
 - New Mexico [see pages 8 - 9](#)
 - Northern California [see pages 10 - 11](#)
 - Oregon [see pages 12 - 13](#)
 - All Other U.S. Locations [see pages 14 - 15](#)

Enter the Benefit Vendor Raffle

- Visit IntelBenefitsNavigator.com to enter the raffle for your chance to win prizes from your benefits vendors.

Enroll in Your Benefits

- **Make Annual Enrollment elections for 2027 between Oct. 5 - Oct. 16.**

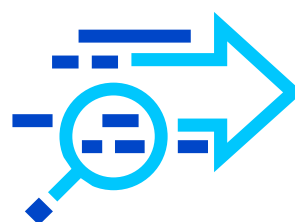
Not making changes? Here's what you need to know:

- If you do not update your 2027 Health Savings Account (HSA), Flexible Spending Account (FSA), and/or Dependent Care Assistance Program (DCAP) elections, contributions to these accounts will stop at the end of the 2026 calendar year. For more information, [see page 5](#).

Introducing My Benefits Navigator

New for 2027, My Benefits Navigator brings Annual Enrollment updates, year-round resources and the Benefits Education Modules together in one convenient location. [Explore helpful tools, information and educational content designed to help you better understand and use your Intel benefits throughout the year.](#)

Visit the My Benefits Navigator by going to IntelBenefitsNavigator.com, or scanning the QR Code.



What's New & Changing

Navigating
Annual Enrollment

**What's New &
Changing**

HSA
Contributions

Health Plan Options and
Annual Paycheck Deductions

Have a
Question?

Medical Deductible and Payroll Deductions increase

- The deductible and out-of-pocket maximum for HSA-eligible High-Deductible Health Plans (HDHP) is increasing to comply with IRS requirements and healthcare cost trends.
- For all other medical options, there will be an increase in paycheck deductions.

Have more questions about Medical Coverage?

Scan the QR code to visit the Medical Education Module for more information.



Location-specific medical updates

Northern California

Kaiser option changes

Beginning Jan. 1, 2027, the Kaiser Permanente HMO option will no longer be offered. Changes to the Kaiser option were made as part of Intel's ongoing efforts to align healthcare offerings with the needs of employees and the company.

Oregon

Beginning Jan. 1, 2027, the following options will no longer be offered:

- Connected Care Kaiser HDHP
- Connected Care Kaiser Copay
- Kaiser Permanente DHMO
- Connected Care Providence HDHP
- Connected Care Providence PCP

Changes to the Connected Care Providence option are the result of a Providence decision, not an Intel decision. While Providence medical options will no longer be offered, you may still have access to Providence providers. More than 99% of Providence doctors and facilities are expected to remain available and in-network through the Anthem medical options for 2027.

New Mexico

Presbyterian medical option updates

- Coinsurance under the Presbyterian HDHP will increase from 5% to 10%.
- There are no coverage changes to the Connected Care Presbyterian Copay and Presbyterian HMO option.

Health for Life Center updates

Beginning Dec. 1, 2026, Premise Health will become the new manager of the New Mexico Health for Life Center (HFLC), replacing Presbyterian Health Group. This change aligns the New Mexico HFLC with all other Intel HFLC locations, which Premise Health already manages.

While some clinic staffing may change during the transition, employees do not need to take any action. The HFLC will continue to provide the same convenient, personalized care and high-quality experience employees rely on today, with a continued focus on supporting employee health and well-being.

What's New & Changing

Navigating
Annual Enrollment

**What's New &
Changing**

HSA
Contributions

Health Plan Options and
Annual Paycheck Deductions

Have a
Question?

Dental and Vision

- There will be a 2% increase in paycheck deductions for vision and dental coverage.

Considering the DHMO?

Before you enroll, look up providers in the DeltaCare USA network. The DHMO option has a smaller provider network and does not cover out-of-network care, so your current dentist may not participate in the option.

Have more questions about Dental and Vision Coverage?

Scan the QR code to visit the Dental and Vision Education Module for more information.



Life Insurance and Voluntary Benefits updates

- Accidental Death & Dismemberment Insurance (AD&D) premiums will decrease for employee-paid coverage.
- Pre-Paid Legal Plan premiums will increase \$3/mo.
- Supplemental Health Insurance: Accident Insurance premiums will decrease 8% and Critical Illness Insurance premiums will decrease 6%; there are no changes to Hospital Indemnity Insurance premiums.

Have more questions about Life Insurance and Voluntary Benefits?

Scan the QR code to visit the Benefits Education Modules landing page for more information.



Supporting your well-being with Spring Health Employee Assistance Program

You and your eligible dependents have access to **Spring Health**, Intel's free and confidential Employee Assistance Program (EAP). Spring Health EAP provides support for mental health, well-being and everyday challenges. Each individual has access to 10 free therapy sessions and 10 free coaching sessions per year.

What Spring Health Offers:

- Therapy and coaching to support stress, depression, life changes, goal setting or whatever is on your mind.
- Work-life services, including help with childcare, elder care, financial and legal resources.
- Guided meditations and other self-guided resources.

Spring Health is confidential and easy to access through the Spring Health app, online at [Intel.SpringHealth.com](https://www.intel.com/springhealth), or by calling **1-800-568-9276**. Sign up today to take the next step in your or your family's mental health journey.

Have more questions or want to learn about Wellness Benefits?

Scan the QR code to visit the Wellness Education Module for more information.



HSA Contributions

If you choose a high-deductible health plan, you can pair it with a Health Savings Account (HSA)*. HSAs offer you the ability to save for medical expenses now or in the future and offer tax advantages along with flexibility of how you invest the funds and when you use them.

You can contribute to your HSA each year up to the IRS annual limit and:

The funds remain yours forever:

The balance rolls over year to year (no use it or lose it rules), and it is not tied to your employment.

You save on taxes^:

Generally, an HSA offers a triple tax advantage. Contributions are pre-tax, earnings grow tax free and withdrawals are not taxed.

You can invest your HSA contributions:

Use as you build an HSA account balance, you have the option to invest the funds.

Once you are 65,

you can use the HSA funds for qualified and non-qualified medical expenses. Taxes apply to non-qualified distributions.

HSA Contribution Limits	2026	2027
You Only	\$4,400	\$4,500
Family	\$8,750	\$9,000
Catch-Up Contributions (55 and older)	\$1,000	\$1,000

Have more questions or want to learn about Health Savings Accounts?

Scan the QR code to visit the Health Savings Account Education Module for more information.





Did you know?

Your HSA is a powerful tool to save for healthcare now and in retirement. The average 65-year old couple retiring in 2026 can expect to spend \$330,000+ on healthcare expenses in retirement.

Additional spending accounts are available as ways to save for expenses. See below for important considerations, resources to learn more and annual IRS contribution limits.

Spending Account Contribution Limits increase

- Health Flexible Spending Account (FSA):

You can carry over up to \$660 of unused Health FSA funds from 2026 to 2027.

Limited Use FSA:

If you choose to enroll in an HSA and a Health FSA, your FSA is limited to dental and vision expenses only.

Dependent Care Assistance Program (DCAP):

There is no carryover amount for DCAP. Expenses incurred during a leave of absence longer than 2 weeks are not eligible for reimbursement.

	2026	2027
Health Flexible Spending Account (Health FSA)		
You Only or Family	\$3,300	\$3,400
Limited Use Health FSA		
You Only or Family	\$3,300	\$3,400
Dependent Care Assistance Program (DCAP)		
Single or Married Filing Jointly	\$7,500	\$7,500
Married Filing Separately	\$3,750	\$3,750

Note: Limits are set by the IRS.

Scan the QR code to access the Spending Accounts Education Module and view spending account options available to help you save on eligible expenses.



*HSA is not an Intel-sponsored benefit. Eligibility requirements apply and limits are set by the IRS.

^Not all state tax laws conform to federal HSA rules; therefore, HSA contributions are currently subject to state income tax in CA & NJ. Some states may tax earnings.

2027 Arizona Health Options

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

	Arizona Care Network Connected Care ACN HDHP	Anthem Blue Cross HDHP	Anthem Blue Cross PCP	Arizona Care Network Connected Care ACN PCP	Aetna HMO
Annual Deductible	The total amount you pay for covered services before coinsurance begins.				
Employee only:	\$2,000	\$2,100	In-network: \$250 Individual \$500 Family Out-of-network: \$250 Individual \$500 Family	In-network: \$250 Individual \$500 Family Out-of-network: \$250 Individual \$500 Family	No Deductible
Employee & child(ren):	\$3,950	\$4,150			
Employee & spouse:	\$4,950	\$5,150			
Employee & spouse and child(ren):	\$4,950	\$5,150	In and out-of-network deductibles are separately tracked Deductible does not apply toward in-network primary care or specialist office visits and prescription drugs	In and out-of-network deductibles are separately tracked Deductible does not apply toward in-network primary care office visit and prescription drugs	
Coinsurance	The percentage of costs of covered services you pay AFTER you’ve paid your deductible.				
In-Network	5%	10%	Primary provider visit: \$10 Specialist visit: \$25 5% for all other care after deductible	Primary provider visit: \$10 Specialist visit: \$25 5% for all other care after deductible	• \$15 per primary provider visit • \$35 per specialist visit • \$50 per urgent care visit • \$100 per emergency room visit • \$250 per hospital stay
Out-of-network	40%; reimbursement limits apply	40%; reimbursement limits apply	40%; reimbursement limits apply	40%; reimbursement limits apply	Emergency coverage only
Out-of-Pocket Maximum	The amount you’ll pay each year before coverage for eligible expenses are paid at 100% up to the maximum allowed amount. Certain exclusions apply. Note: Virtual visits are covered at 100% immediately (you are not required to meet your OOP max before 100% coverage).				
Employee only:	\$2,800	\$3,100	\$1,500	\$1,500	\$1,500
Employee & child(ren):	\$5,500	\$6,200	\$3,000	\$3,000	\$3,000
Employee & spouse:	\$6,550	\$7,650			
Employee & spouse and child(ren):	\$6,550	\$7,650			
Prescription drugs					
In-Network	• 5% coinsurance • Covered at 100% for certain medications • Prescription drugs accumulate toward annual deductible	• 10% coinsurance • Prescription drugs accumulate toward annual deductible. • Covered at 100% for certain medications.	30-day supply: • \$10 generic • \$20 preferred • \$35 non-preferred • Covered at 100% for certain medications.	30-day supply: • \$10 generic • \$20 preferred • \$35 non-preferred • Covered at 100% for certain medications.	30-day supply: • \$10 generic • \$20 preferred • \$35 non-preferred

Arizona Annual Medical, Dental and Vision Paycheck Deductions

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

Arizona Annual Paycheck Deductions for Medical Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Connected Care ACN HDHP (No changes from 2026)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Anthem Blue Cross HDHP (No changes from 2026)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Anthem Blue Cross PCP	2027	\$891	\$4,259	\$5,338	\$6,448	\$7,857	\$2,849	\$3,314	\$4,394
	2026	\$874	\$4,175	\$5,233	\$6,321	\$7,703	\$2,793	\$3,249	\$4,307
Connected Care ACN PCP	2027	\$795	\$4,364	\$5,743	\$5,983	\$6,223	\$2,309	\$2,789	\$3,134
	2026	\$780	\$4,278	\$5,630	\$5,865	\$6,106	\$2,264	\$2,735	\$3,073
Aetna HMO	2027	\$969	\$5,287	\$6,954	\$7,255	\$7,541	\$2,795	\$3,382	\$3,795
	2026	\$897	\$4,895	\$6,439	\$6,718	\$6,983	\$2,309	\$3,131	\$3,514

Arizona Annual Paycheck Deductions for Dental Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Delta Dental PPO	2027	\$0	\$255	\$357	\$472	\$625	\$127	\$229	\$357
	2026	\$0	\$250	\$350	\$463	\$612	\$125	\$225	\$350
DeltaCare USA DHMO	2027	\$0	\$76	\$127	\$178	\$217	\$51	\$102	\$141
	2026	\$0	\$75	\$125	\$175	\$213	\$50	\$100	\$138

Arizona Annual Paycheck Deductions for Vision Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
VSP Basic Vision		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VSP Vision Plus	2027	\$107	\$201	\$241	\$255	\$281	\$134	\$148	\$187
	2026	\$105	\$197	\$236	\$250	\$275	\$131	\$145	\$183

Save money when you use in-network providers!

*Out-of-network providers can charge you any amount, which may be higher than what in-network providers charge. When an out-of-network provider charges above the plan's maximum allowable amount, you are responsible for the difference. Amounts above the plan's maximum allowable amount do not count toward the plan out-of-pocket maximum. See the Pay, Stock and Benefits Handbook, Chapter 6, Subsection 6.3.4 Maximum Allowed Amount.

For full benefit coverage details, review the Pay, Stock and Benefits Handbook available on Circuit.



Searching for an in-network provider? Click or scan the QR code to access the provider search tool.

2027 New Mexico Health Options

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

	Connected Care Presbyterian HDHP	Anthem Blue Cross HDHP	Anthem Blue Cross PCP	Connected Care Presbyterian Copay	Presbyterian HMO
Annual Deductible	The total amount you pay for covered services before coinsurance begins.				
Employee only:	\$2,100	\$2,100	In-network: \$250 Individual \$500 Family Out-of-network*: \$250 Individual \$500 Family • In and out-of-network deductibles are separately tracked • Deductible does not apply toward in-network primary care or specialist office visits and prescription drugs	No deductible for in-network care Out-of-network* requires deductible: Employee only: \$250 Family: \$750	No Deductible
Employee & child(ren):	\$4,150	\$4,150			
Employee & spouse:	\$5,150	\$5,150			
Employee & spouse and child(ren):	\$5,150	\$5,150			
Coinsurance	The percentage of costs of a covered service you pay AFTER you’ve paid your deductible.				
In-Network	10%	10%	• Primary provider visit: \$10 • Specialist visit: \$25 • 5% for all other care after deductible	• \$10 per primary provider visit • \$25 per specialist visit • \$100 per emergency room visit • \$250 per hospital stay	▪ \$15 per primary provider visit ▪ \$35 per specialist visit ▪ \$100 per emergency room visit ▪ \$250 per hospital stay
Out-of-network*	40%; reimbursement limits apply	40%; reimbursement limits apply	40%; reimbursement limits apply	40%; reimbursement limits apply	Emergency coverage only
Out-of-Pocket Maximum	The amount you’ll pay each year before coverage for eligible expenses are paid at 100% up to the maximum allowed amount. Certain exclusions apply. Note: Virtual visits are covered at 100% immediately (you are not required to meet your OOP max before 100% coverage).				
Employee only:	\$3,100	\$3,100	\$1,500	\$1,500	\$6,350
Employee & child(ren):	\$6,200	\$6,200	\$3,000	\$3,000	\$12,700
Employee & spouse:	\$7,650	\$7,650			
Employee & spouse and child(ren):	\$7,650	\$7,650			
Prescription drugs					
In-Network	• 10% coinsurance • Prescription drugs accumulate toward annual deductible. • Covered at 100% for certain medications.	• 10% coinsurance • Prescription drugs accumulate toward annual deductible. • Covered at 100% for certain medications.	30-day supply: • \$10 generic • \$20 formulary • \$35 non-formulary	30-day supply: • \$10 generic • \$20 preferred • \$35 non-preferred • Covered at 100% for certain medications.	30-day supply: • \$10 generic • \$20 preferred • \$35 non-preferred • Specialty drugs 15% coinsurance capped at \$250/ injection and calendar year copay maximum of \$1,500

New Mexico Annual Medical, Dental and Vision Paycheck Deductions

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

New Mexico Annual Paycheck Deductions for Medical Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Connected Care Presbyterian HDHP (No change from 2026)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Anthem Blue Cross HDHP (No change from 2026)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Anthem Blue Cross PCP	2027	\$891	\$4,259	\$5,338	\$6,448	\$7,857	\$2,849	\$3,314	\$4,394
	2026	\$874	\$4,175	\$5,233	\$6,321	\$7,703	\$2,793	\$3,249	\$4,307
Connected Care Presbyterian Copay	2027	\$825	\$3,674	\$4,513	\$5,338	\$5,908	\$1,560	\$2,459	\$3,074
	2026	\$809	\$3,602	\$4,425	\$5,233	\$5,792	\$1,529	\$2,411	\$3,014
Presbyterian HMO	2027	\$1,064	\$4,811	\$5,906	\$6,986	\$7,732	\$2,033	\$3,223	\$4,017
	2026	\$985	\$4,454	\$5,469	\$6,468	\$7,159	\$1,882	\$2,984	\$3,719

New Mexico Annual Paycheck Deductions for Dental Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Delta Dental PPO	2027	\$0	\$255	\$357	\$472	\$625	\$127	\$229	\$357
	2026	\$0	\$250	\$350	\$463	\$612	\$125	\$225	\$350
DeltaCare USA DHMO	2027	\$0	\$76	\$127	\$178	\$217	\$51	\$102	\$141
	2026	\$0	\$75	\$125	\$175	\$213	\$50	\$100	\$138

New Mexico Annual Paycheck Deductions for Vision Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
VSP Basic Vision		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VSP Vision Plus	2027	\$107	\$201	\$241	\$255	\$281	\$134	\$148	\$187
	2026	\$105	\$197	\$236	\$250	\$275	\$131	\$145	\$183

Save money when you use in-network providers!

*Out-of-network providers can charge you any amount, which may be higher than what in-network providers charge. When an out-of-network provider charges above the plan's maximum allowable amount, you are responsible for the difference. Amounts above the plan's maximum allowable amount do not count toward the plan out-of-pocket maximum. See the Pay, Stock and Benefits Handbook, Chapter 6, Subsection 6.3.4 Maximum Allowed Amount.

For full benefit coverage details, review the Pay, Stock and Benefits Handbook available on Circuit.



Searching for an in-network provider? Click or scan the QR code to access the provider search tool.

2027 Northern California Health Options

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

	Dignity Health Stanford Health Care Alliance Connected Care California HDHP	Anthem Blue Cross HDHP	Anthem Blue Cross PCP
Annual Deductible	The total amount you pay for covered services before coinsurance begins.		
Employee only:	\$2,000	\$2,100	In-network: \$250 Individual \$500 Family Out-of-network*: \$250 Individual \$500 Family • In and out-of-network deductibles are separately tracked • Deductible does not apply toward in-network primary care or specialist office visits and prescription drugs
Employee & child(ren):	\$3,950	\$4,150	
Employee & spouse:	\$4,950	\$5,150	
Employee & spouse and child(ren):	\$4,950	\$5,150	
Coinsurance	The percentage of costs of a covered service you pay AFTER you’ve paid your deductible.		
In-Network	5%	10%	• Primary provider visit: \$10 • Specialist visit: \$25 • 5% for all other care after deductible
Out-of-network*	40%; reimbursement limits apply	40%; reimbursement limits apply	40%; reimbursement limits apply
Out-of-Pocket Maximum	The amount you’ll pay each year before coverage for eligible expenses are paid at 100% up to the maximum allowed amount. Certain exclusions apply. Note: Virtual visits are covered at 100% immediately (you are not required to meet your OOP max before 100% coverage).		
Employee only:	\$2,800	\$3,100	\$1,500
Employee & child(ren):	\$5,500	\$6,200	\$3,000
Employee & spouse:	\$6,550	\$7,650	
Employee & spouse and child(ren):	\$6,550	\$7,650	
Prescription drugs			
In-Network	• 5% coinsurance • Covered at 100% for certain medications • Prescription drugs accumulate toward annual deductible	• 10% coinsurance • Prescription drugs accumulate toward annual deductible	• 30-day supply: • \$10 generic, • \$20 formulary, • \$35 non-formulary

Northern California Annual Medical, Dental and Vision Paycheck Deductions

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

Northern California Annual Paycheck Deductions for Medical Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Connected Care California HDHP (No change from 2026)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Anthem Blue Cross HDHP (No change from 2026)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Anthem Blue Cross PCP	2027	\$891	\$4,259	\$5,338	\$6,448	\$7,857	\$2,849	\$3,314	\$4,394
	2026	\$874	\$4,175	\$5,233	\$6,321	\$7,703	\$2,793	\$3,249	\$4,307

Northern California Annual Paycheck Deductions for Dental Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Delta Dental PPO	2027	\$0	\$255	\$357	\$472	\$625	\$127	\$229	\$357
	2026	\$0	\$250	\$350	\$463	\$612	\$125	\$225	\$350
DeltaCare USA DHMO	2027	\$0	\$76	\$127	\$178	\$217	\$51	\$102	\$141
	2026	\$0	\$75	\$125	\$175	\$213	\$50	\$100	\$138

Northern California Annual Paycheck Deductions for Vision Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
VSP Basic Vision		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VSP Vision Plus	2027	\$107	\$201	\$241	\$255	\$281	\$134	\$148	\$187
	2026	\$105	\$197	\$236	\$250	\$275	\$131	\$145	\$183

Save money when you use in-network providers!

*Out-of-network providers can charge you any amount, which may be higher than what in-network providers charge. When an out-of-network provider charges above the plan's maximum allowable amount, you are responsible for the difference. Amounts above the plan's maximum allowable amount do not count toward the plan out-of-pocket maximum. See the Pay, Stock and Benefits Handbook, Chapter 6, Subsection 6.3.4 Maximum Allowed Amount.

For full benefit coverage details, review the Pay, Stock and Benefits Handbook available on Circuit.



Searching for an in-network provider? Click or scan the QR code to access the provider search tool.

2027 Oregon Health Options

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

Anthem Blue Cross HDHP		Anthem Blue Cross PCP
Annual Deductible	The total amount you pay for covered services before coinsurance begins.	
Employee only:	\$2,100	In-network: \$250 Individual \$500 Family Out-of-network*: \$250 Individual \$500 Family • In and out-of-network deductibles are separately tracked • Deductible does not apply toward in-network primary care or specialist office visits and prescription drugs
Employee & child(ren):	\$4,150	
Employee & spouse:	\$5,150	
Employee & spouse and child(ren):	\$5,150	
Coinsurance	The percentage of costs of a covered service you pay AFTER you’ve paid your deductible.	
In-Network	10%	• Primary provider visit: \$10 • Specialist visit: \$25 • 5% for all other care after deductible
Out-of-network*	40%; reimbursement limits apply	40%; reimbursement limits apply
Out-of-Pocket Maximum	The amount you’ll pay each year before coverage for eligible expenses are paid at 100% up to the maximum allowed amount. Certain exclusions apply. Note: Virtual visits are covered at 100% immediately (you are not required to meet your OOP max before 100% coverage).	
Employee only:	\$3,100	\$1,500
Employee & child(ren):	\$6,200	\$3,000
Employee & spouse:	\$7,650	
Employee & spouse and child(ren):	\$7,650	
Prescription drugs		
In-Network	• 10% coinsurance • Prescription drugs accumulate toward annual deductible. • Covered at 100% for certain medications.	30-day supply: • \$10 generic • \$20 formulary • \$35 non-formulary • Covered at 100% for certain medications.

Oregon Annual Medical, Dental and Vision Paycheck Deductions

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

Oregon Annual Paycheck Deductions for Medical Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Anthem Blue Cross HDHP (No change from 2026)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Anthem Blue Cross PCP	2027	\$891	\$4,259	\$5,338	\$6,448	\$7,857	\$2,849	\$3,314	\$4,394
	2026	\$874	\$4,175	\$5,233	\$6,321	\$7,703	\$2,793	\$3,249	\$4,307

Oregon Annual Paycheck Deductions for Dental Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Delta Dental PPO	2027	\$0	\$255	\$357	\$472	\$625	\$127	\$229	\$357
	2026	\$0	\$250	\$350	\$463	\$612	\$125	\$225	\$350
DeltaCare USA DHMO	2027	\$0	\$76	\$127	\$178	\$217	\$51	\$102	\$141
	2026	\$0	\$75	\$125	\$175	\$213	\$50	\$100	\$138

Oregon Annual Paycheck Deductions for Vision Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
VSP Basic Vision		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VSP Vision Plus	2027	\$107	\$201	\$241	\$255	\$281	\$134	\$148	\$187
	2026	\$105	\$197	\$236	\$250	\$275	\$131	\$145	\$183

Save money when you use in-network providers!

*Out-of-network providers can charge you any amount, which may be higher than what in-network providers charge. When an out-of-network provider charges above the plan's maximum allowable amount, you are responsible for the difference. Amounts above the plan's maximum allowable amount do not count toward the plan out-of-pocket maximum. See the Pay, Stock and Benefits Handbook, Chapter 6, Subsection 6.3.4 Maximum Allowed Amount.

For full benefit coverage details, review the Pay, Stock and Benefits Handbook available on Circuit.



Searching for an in-network provider? Click or scan the QR code to access the provider search tool.

2027 All Other U.S. Locations Health Options

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

Anthem Blue Cross HDHP		Anthem Blue Cross PCP	Hawaii HMSA Hawaii Residents Only
Annual Deductible	The total amount you pay for covered services before coinsurance begins.		
Employee only:	\$2,100	In-network: \$250 Individual \$500 Family	No deductible for participating providers
Employee & child(ren):	\$4,150	Out-of-network*: \$250 Individual \$500 Family	Out-of-network*: For non-participating providers \$100 person/\$300 family. Doesn't apply to contraceptives, emergency services, prescription drugs and supplies, preventative care and well-child care
Employee & spouse:	\$5,150	In and out-of-network deductibles are separately tracked	
Employee & spouse and child(ren):	\$5,150	Deductible does not apply toward in-network primary care or specialist office visits and prescription drugs	
Coinsurance	The percentage of costs of a covered service you pay AFTER you've paid your deductible.		
In-Network	10%	- Primary provider visit: \$10 - Specialist visit: \$25 5% for all other care after deductible	\$12 per primary provider visit \$12 per specialist visit \$12 copay per physician visit + 20% coinsurance per emergency room visit \$12 copay per physician visit + 10% coinsurance per hospital stay
Out-of-network*	40%; reimbursement limits apply	40%; reimbursement limits apply	30%; reimbursement limits apply, and Rx coinsurance and coverage varies
Out-of-Pocket Maximum	The amount you'll pay each year before coverage for eligible expenses are paid at 100% up to the maximum allowed amount. Certain exclusions apply. Note: Virtual visits are covered at 100% immediately (you are not required to meet your OOP max before 100% coverage).		
Employee only:	\$3,100	\$1,500	\$2,500 (medical) \$3,600 (prescription)
Employee & child(ren):	\$6,200	\$3,000	\$7,500 (medical) \$4,200 (prescription)
Employee & spouse:	\$7,650		
Employee & spouse and child(ren):	\$7,650		
Prescription drugs			
In-Network	10% coinsurance - Prescription drugs accumulate toward annual deductible. - Covered at 100% for certain medications.	30-day supply: \$10 generic \$20 formulary \$35 non-formulary - Covered at 100% for certain medications.	30-day supply: - Tier 1: \$7 – mostly generic - Tier 2-3: \$30 – mostly preferred and non-preferred formulary - Tier 4: 20% – mostly preferred formulary specialty - Tier 5: 25% – mostly non-preferred formulary specialty - Copays for mail order will vary

All Other U.S. Locations Annual Medical, Dental and Vision Paycheck Deductions

This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at [My Health Benefits](#) and in the Pay, Stock and Benefits Handbook.

All Other U.S. Locations Annual Paycheck Deductions for Medical Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Anthem Blue Cross HDHP (No change from 2026)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Anthem Blue Cross PCP	2027	\$891	\$4,259	\$5,338	\$6,448	\$7,857	\$2,849	\$3,314	\$4,394
	2026	\$874	\$4,175	\$5,233	\$6,321	\$7,703	\$2,793	\$3,249	\$4,307
HMSA (Hawaii PPO Medical)	2027	\$1,750	\$3,468	\$5,185	\$5,185	\$5,185	\$3,468	\$5,185	\$5,185
	2026	\$1,620	\$3,211	\$4,801	\$4,801	\$4,801	\$3,211	\$4,801	\$4,801

All Other U.S. Locations Annual Paycheck Deductions for Dental Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
Delta Dental PPO	2027	\$0	\$255	\$357	\$472	\$625	\$127	\$229	\$357
	2026	\$0	\$250	\$350	\$463	\$612	\$125	\$225	\$350
DeltaCare USA DHMO	2027	\$0	\$76	\$127	\$178	\$217	\$51	\$102	\$141
	2026	\$0	\$75	\$125	\$175	\$213	\$50	\$100	\$138

All Other U.S. Locations Annual Paycheck Deductions for Vision Options

Plan		You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
VSP Basic Vision		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VSP Vision Plus	2027	\$107	\$201	\$241	\$255	\$281	\$134	\$148	\$187
	2026	\$105	\$197	\$236	\$250	\$275	\$131	\$145	\$183

Save money when you use in-network providers!

*Out-of-network providers can charge you any amount, which may be higher than what in-network providers charge. When an out-of-network provider charges above the plan's maximum allowable amount, you are responsible for the difference. Amounts above the plan's maximum allowable amount do not count toward the plan out-of-pocket maximum. See the Pay, Stock and Benefits Handbook, Chapter 6, Subsection 6.3.4 Maximum Allowed Amount.

For full benefit coverage details, review the Pay, Stock and Benefits Handbook available on Circuit.



Searching for an in-network provider? Click or scan the QR code to access the provider search tool.

Have a question? Follow these steps.

Navigating
Annual Enrollment

What's New &
Changing

HSA
Contributions

Health Plan Options and
Annual Paycheck Deductions

Have a
Question?

Many benefits questions can be answered using the resources available to you. To find answers faster, follow the steps below.

Step 1: Start with the Benefits Education Modules

Looking for information about a specific benefit? The [Benefits Education Modules](#) provide detailed information and resources to help you understand your options.



Step 2: Ask Sofia or visit the Reference Center

Can't find what you're looking for? [SofiaSM](#), Your Virtual Benefits Assistant, can help answer benefits questions anytime. She's available on every page of [My Health Benefits](#) or the [MyChoice Benefits AppTM](#). You can also view plan documents and benefits resources in the [Reference Center](#), located in the top navigation of My Health Benefits.



Step 3: Contact the Intel Health Benefits Center

Still need assistance? Contact the Intel Health Benefits Center at [1-877-GoMyBen \(466-9236\)](tel:1-877-GoMyBen). Representatives are available Monday through Friday, 5:00 a.m. to 5:00 p.m. PDT.



Step 4: Join the Conversation on Viva Engage

Have a question about healthcare, wellness or voluntary benefits? The US Healthcare, Wellness and Voluntary Benefits Viva Engage page is a great place to ask general questions, share feedback, connect with peers and engage with the Benefits team. **Please do not post any personal health information (PHI) or other sensitive personal details. For questions about your specific situation, use the appropriate benefits support channels.**



From Intel via VPN:
Access [My Health Benefits](#) from popular links on Circuit.

From Outside Intel:
Log in to: intel.com/go/myben

Understand changes to optimize your healthcare and voluntary benefits

This 2027 Annual Enrollment Guide is intended to be a Summary of Material Modification ("SMM") to the Intel Corporation Health and Welfare Benefit Plan (the "Plan"). In the event of any discrepancy, the Plan document will prevail. The Pay, Stock and Benefits Handbook (PSBH) contains additional information regarding your benefits. For a copy of the current PSBH, from Circuit search Pay, Stock and Benefits Handbook. PSBH updates will be available in Q1, 2027. Intel reserves the right to modify, change, or discontinue any benefit at its sole discretion.

Copyright © 2026 Intel Corporation. All rights reserved. Intel and the Intel logo are trademarks of Intel Corporation or its subsidiaries in the U.S. and/or other countries. Reproduction, photocopying, and/or electronic storage or transmission of this publication in whole or in part without the written permission of Intel Corporation is strictly prohibited.